KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, JULY 28, 1894. No. 30.

ORIGINAL ARTICLES.

Ophthalmia Neonatorum.

By DR. J. E. MINNEY.

Read before the Kansas State Medical Society, at Atchison, Kas., May 4, 1894.

This disease is usually caused by the urethral discharge of the mother getting into the child's eye during its passage through the maternal canal, and develops within from two to eight days after birth. While this is the rule of its causation, there are occasional cases in which the cause is from the irritable secretions of the parturient canal. An illustration of the irritability of mucous secretion is seen in the nose and lips of children being reddened and inflamed by these catarrhal secretions from the nostrils.

The disease is not common in the country, but is found mostly in the cities, in foundling asylums and amongst the immoral classes.

It is an acute, infectious, specific disease, having a stage of invasion and development, and is self-limited.

During fœtal life the eyelids are held together by the sticky parturient secretions. Immediately after birth these secretions are washed away and the eyes are opened. In many cases the change of conditions and the exposure to wind and light, and possibly smoke and dirt and poor ventilation, causes the mucous membrane and the glands of the eye to secrete freely, and the eyelids remain more or less agglutinated and they become thickened and the conjunctiva reddened. In this condition careful cleansing with clean, warm water or a weak boric acid solution is all that is necessary. In some of these cases a follicular conjunctivitis develops, and, while it is not dangerous, it is persistent.

The eyes continue to water, the mucous membrane becomes thickened, although there may be but little, if any, reddening of the ocular conjunctiva. A hot saturated solution of boric acid freely applied two or three times in the twenty-four hours, or a two to five grain solution of nitrate of silver, or glycerine and tannin, forty grains of the latter to one ounce of the former, applied once a day, is generally sufficient.

The gonorrhœal ophthalmia of infancy is what is commonly called ophthalmia neonatorum and varies in severity.

The usual symptoms are free secretions, soon changing to a yellow, thick discharge, with swelling of the lids with reddened and thickened conjunctiva.

There is frequently chemosis, and the palpebral conjunctiva is thickened and fissured, sometimes becoming velvety. There is more or less congestion of some part or all of the uveal tract, and the cornea is always in danger, either from the inflammation or from the treatment.

The cornea may ulcerate at any point and requires the ordinary treatment, viz., atropine from one to two grains to the ounce of distilled water, and one or two drops on the cornea two or three times a day, particularly if the ulcer is central. If the ulcer is peripheral eserine should be used, alternating with a weak solution of atropine.

In some of these cases dusting the ulcer with calomel or iodoform hastens the healing process. The eye should be bathed

with hot water from five to ten minutes at a sitting, every one or two hours.

Blood letting is not well tolerated in these cases.

To prevent the lids from sticking together their margins should be smeared with cocoanized vaseline, one-half grain to the ounce. Lead lotions should always be avoided in ulceration of the cornea, and when giving the iodide of potassium the eye should never be dusted with calomel.

Should the skin of the cheek become excoriated or reddened by the excessive washing, or from the character of the secretions, it should be anointed by the vaseline ointment, simple oleate, or some bland unguent. When the secretions become thick, yeliow, and creamy in appearance, it is a sign that the disease is abating.

The principal treatment of this disease is to keep the eyes free of the secretion, and this is done best and safest by the use of plenty of warm water, soft if it can be obtained, and boiled before using.

Dilution and cleansing is the essential treatment.

The water can be siphoned on the eyelids and into the eyes gently by a small rubber tube or by dipping a soft cloth into the water and squeezing the water out of the cloth into the eye. When the secretions are thick and tenacious and cannot be washed away without too much flushing, they can be twisted out by a little cotton wrapped on a splinter or tooth-pick. Keep the eye clean and it is practically safe. Prophylaxis is what concerns us as much as treatment. Where one eye is involved the other eye should be protected by bandaging or adhesive plasters or a watch crystal.

But by prophylaxis is understood the prevention of the disease. In suspicious cases the vagina should be thoroughly irrigated by several gallons of warm water, and, if you feel safer, add some bichloride one to ten thousand. If the mother is under observation for several days previous to confinement it is not necessary to use so much water at one sitting, but the canal should be washed three our four times a day.

In Kansas the disease is not so common as in the Eastern States, especially in the large cities, and it is much more common in the cities of Europe.

During my experience of nine years in Topeka I have treated some twenty cases. A large per cent. of them were not seen until serious injury had resulted, and in not one case, when seen early, has there been loss of sight of either eye, but in the number of cases seen blindness resulted in one or both eyes of half the number.

The statistics given by Haussman of the inmates of blind asylums made blind by this disease was: In Copenhagen, 8 per cent.; Berlin, 20 per cent.; Vienna, 30 per cent.; and in Paris, among 208 blind, young subjects, 45 per cent. In 1876, among the young persons admitted to the blind institutions of Germany and Austria, 33 per cent. had been made blind by this disease.

In different countries the variation was from 20 per cent. to 79 per cent. In Phila delphia, in 1871, out of 167 inmates of the blind asylum, about 20 per cent. had been admitted for this cause.

Since prophylactic measures have been resorted to in lying-in hospitals it had the effect of reducing this number from 12 per cent. to 3 per cent. in Halle, and in Leipsic, where Crede used his own method, the cases fell from 75 per cent. to 0.5 per cent. The treatment consisted in putting a single drop of a 2 per cent. solution (gr. x to ℥j of water) of nitrate of silver between the lids of each eye. Practically the same results have obtained in the United States. In the 158 inmates of the Berkely Institute, California, of 36 cases of binocular blindness 25 per cent. was caused by blennorrhœa neonatornum.

Howe found that while from 1870 to 1880 the population of the United States had increased 30 per cent., the number of cases had increased 140 per cent., the number decreasing from the East to the West, but increasing from the North to the South. I would suggest that a committee be appointed by the chair to obtain information, and if, in its judgment, it is justifiable, it be authorized in the name of this Society to present the facts

to the next Legislature and recommend the passage of a law similar to that of Ohio.

Supplemental.—We desire to speak a little more fully of how to cleanse the eye of these secretions, for if the mucous surfaces are not completely freed from the purulent discharge the chemical agents applied can have but little effect. The secretions themselves are chemical and soon prove to be mechanical irritants and increase the inflammation. The washing is essential, and all stringy substances should be removed by the cotton, as before mentioned; but in several cases, where the mucous membrane becomes velvety and fissured, it is impossible to wash the adherent purulent discharge all out. In such cases the peroxide of hydrogen is used to good effect. It liquifies the discharge, and with the addition of a little warm water or boric acid water the cleansing is complete. The ordinary peroxide smarts the eye severely because of the excessive amount of acid in it. The stability of the drug depends upon the acid, but for the eye it must contain only the minimum amount.

According to Dr. Lautenbach, the characteristics of good peroxide of hydrogen are, first, invariably testing beyond 10 vols., preferably between 12 and 16 vols., of oxide; second (hephra-bene of the Oakland Co. and Rosengaten), in being fairly stable, not losing their oxygen upon slight changes of temperature; third, and most important, having little or no free acid present.

Homeopathy in Local Inflammatory Conditions.

The Times and Register.

The great clinician Graves, many years ago, called attention to the homeopathic principle which underlies many of our best established modes of treatment. Time in no manner has disturbed that principle of "similia similibus." It has only lost ground and become unpopular since it has been monopolized by a sect which have used it as a tail for their kite of infinitesimal dosage.

In these days of cutting, sawing and slashing everything that has become infected, it would be well, if one cast an eye back on what Dr. John B. Roberts designates "Some of our Surgical Sins," and candidly ask ourselves if it would not often be as well for us, and a thousand times better for our patients, if we would give "infection atrium" the back door and confess we have been wandering away into the paths beset with pitfalls.

Let us not close our eyes to the marvelous powers of the counter-irritants—the old-fashioned mustard plaster, the flying blister, the red-hot iron, etc. But, some will tell us, that the tissues are infested with germs and they must be routed with antiseptics. Will they please tell us where germs are not; if they are not as ubiquitous as the rays of the sun, and if they do not exist everywhere that oxygen penetrates?

Will some one be good enough to point out to us any description of solution which is potent against germs that will not destroy every living cell that comes in contact with it? But we must not use a counter-irritant, forsooth, because its action is not understood. Is it not well known that the most valuable remedies in our possession are wholly empirical?

The fact is that counter-irritants, judiciously applied, possess great energy and marvelous curative properties. Let those who familiarize themselves with one of the most potential agents at our command acquire a knowledge of the varied and manifold curative properties of the counter irritant in any type of inflammation.

LUNG gymnastics on a systematic and scientific basis promises a good deal in the prevention as well as the cure of some diseases of the respiratory organs.

DR. JOHN B. HAMILTON, editor of the *Journal* of the American Medical Association, has some aspirations toward a seat in Congress.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

Topeka, Kansas, Saturday, July 28, 1894.

Infant Dietary.

The question of infant feeding assumes a vast deal of importance at this season of the year. We take it for granted that every physician recognizes the preference of mother's milk over every other kind of food for the infant, and it is only under such circumstances as prevent the proper nursing of the infant that the ingenuity of the physician is taxed to supply the want. The drug-stores are stocked with vast supplies of artificial foods, and the physician's office is overrun with the numerous samples of the same. The all important question is, Which, if any?

Many of these foods are approximately fair imitations of mother's milk, and if one can be found to agree with the child to be fed, you will have saved yourself much worry, and considerable trouble and anxiety to the nurse. If, however, artificial foods as placed upon the market do not appear to give the proper degree of satisfaction, it is advisable for the physician to begin a careful investigation of the subject and reduce his methods to as nearly an exact science as possible. One of the first essentials in making a satisfactory food is sterilization. Whatever the kind of artificial food used it should be carefully sterilized before it is used. This may best be done by steaming for about twenty minutes. It may be sterilized for each feeding, or a quantity may be sterilized at a time and kept on ice to be used as needed. All bottles or other receptacles used for the food should be rendered aseptic and kept so. It must seem a natural conclusion that if mother's milk is the best food for infants the next best would be that which approaches most nearly the composition of mother's milk. It is claimed that ass' milk and mare's milk are very like, in composition, that of the human. These are not easily secured, and for general use must be eliminated from our list of available foods. Cow's milk differs very materially from mother's milk. It contains four times as much of the albuminoids and only about two-thirds as much milk sugar. The large per cent. of albuminoids is an objectionable feature in cow's milk, because it produces a larger curd. It is found, however, that by diluting the cow's milk with five times its bulk of water, there is no perceptible curd formed, being in that respect equal to human milk. If, however, we dilute cow's milk to this extent we have greatly diminished the per cent. of fat which normally corresponds to human milk. In other words our diluted milk contains only one-sixth the amount of fat required to correspond to mother's milk, and it will be necessary to add sufficient pure cream to make up this deficit. Again, the amount of milk sugar, which was already below the required amount, we have still further reduced until we have only one-seventh the required amount. It will therefore be necessary to add milk sugar. It has been clearly demonstrated that cow's milk is slightly acid, and since an alkaline food is required for our in-

fant digestion it may be well to replace a part of the water in our original dilution with lime water.

If the proportions are carefully observed in this process of dilution and replacement, we may produce a milk corresponding in every essential to human milk except in the lessened per cent. of ash and solids. It will be readily seen that not only can a milk be prepared to correspond with the standard human milk, but also with any individual milk when once its exact proportions are ascertained. This seems to us the only scientific basis for infant feeding. It is easily carried out and causes but little trouble. The following formula is given by Dr. Rotch for preparing milk in this way:

"To prepare one pint of food for use in 24 hours: Take milk and cream (20 per cent.) as soon as it comes in the morning and mix as follows—

Milk	℥ 2
Cream	℥ 3
Water	℥ 10
Milk sugar	℥ 6¾

"Place in flask in steamer and steam for twenty minutes; then remove the flask from the steamer and when still slightly warm add lime water ℥ j. Place on ice and give the proper amount at the proper feeding time."

In this process it should be observed that the lime water is not added until after the milk has been heated, for the reason that otherwise the color may be changed and an acid reaction produced.

Treatment of Phthisis by Tuberculin.

Dr. Llewellyn Phelps Barbour, in the *Therapeutic Gazette*, gives some personal experience with tuberculin. The doctor began the injections of tuberculin in August, 1893, with 1-20 milligram. The dose was gradually increased until in the following March the last dose of 25 milligrams was administered. The improvement was continuous. The gain in weight amounted to 25 pounds, and a complete cure is reported. In addition to the tuberculin strict attention to diet and exercise and the use of a pneumatic cabinet, were important features of the treatment. The doctor's theory of the effect of tuberculin is that it produces a stimulant effect upon the tubercular area, and this effect is maintained continuously by a properly adjusted dose.

The Dosage of Diphtheria Anti-Toxine.

Therapist.

The strength and dosage of antitoxine solution have hitherto only been approximately determined by injections into guinea pigs. Although this method affords a convenient and reliable means of determining the strength of the solutions under the strict conditions already laid down by Dr. Hans Aronson, yet it appears that the doses necessary for the prevention or cure of diphtheria in human patients are much larger than calculated from these results.

From extensive experience in the Kaiser Friedrich's Children's Hospital it has been found necessary to inject 2c.c. antitoxine solution into children above the age of 4 years to secure immunity.

The injections are made deep into the subcutaneous tissue behind the shoulders, and when carefully performed have given rise to neither local nor general disturbances in some hundreds of cases.

Dr. J. P. Lewis, of Topeka, has been appointed Demonstrator of Operative Surgery and Dr. S. J. Hampshire. Lecturer on Toxicology and assistant in Chemistry in the Kansas Medical College.

Dr. Carl B. Smith reports success in the treatment of Phthisis Pulmonalis with hydronapthol hypodermically.

Salicylate of sodium may be given per rectum where the stomach is sensitive.

Gavage.

Therapeutic Gazette.

Holt, of New York, writes an article on this subject in the *New York Medical Record* for April 28, 1894.

The technique of gavage is very simple. The ordinary apparatus used for stomach-washing is all that is required, viz., a funnel, eighteen inches of rubber tubing, a soft-rubber catheter, and a few inches of glass tubing for connection. The catheter should have a double eye; No. 14, American scale, is the best size for infants under six months, and about No. 17 for older children; a 4-ounce funnel is large enough for infants, while for older children it is an advantage to use one holding six or eight ounces. The child is placed flat upon the back in its crib, and the head steadied by an assistant. The tongue is depressed with the left forefinger, and the catheter, previously oiled, is pushed rapidly down the pharynx until nine or ten inches have passed the lips. The funnel is now raised high in the air for a few moments to allow gas from the stomach to escape. The food is poured into the funnel and rapidly runs into the stomach. As the last of the food leaves the funnel the catheter is tightly pinched and quickly withdrawn. This last step is an important one, in order to prevent trickling of food in the pharynx, which may provoke vomiting. Sometimes the food remains in the funnel and will not run into the stomach. This is not ordinarily from blocking of the eye of the catheter by mucus, but from gas in the tube. In a few moments this generally rises to the surface of the liquid, and then the food flows readily. If regurgitation of the food takes place, it is generally immediately after withdrawing the tube. In many cases it may be prevented by allowing the gas to escape from the stomach before putting the food in, and in others by holding the jaws separated for a few moments after the catheter has been withdrawn.

In young infants no gag is required, but in older children one is quite necessary, since otherwise they may bite the catheter in two. When a gag is needed, the ordinary one accompanying intubation sets will answer the purpose. Two assistants are usually required to feed an older child. It is important that the child should be held flat upon its back.

The time consumed in feeding by gavage is from ten to thirty seconds. In infants this is very easily done. In the institutions referred to all the nurses have been taught to do it, and they learn, with very little experience, to do it very quickly.

The uses of gavage may be briefly stated as follows:

1. In premature infants its value has been well established on the continent of Europe, in connection with the use of the incubator. As yet we have had but little experience with it in this country.

2. It is useful in controlling persistent vomiting in very young infants, where the vomiting occurs partly from habit and partly from exaggerated pharyngeal reflex. Dr. Kerley's published paper established this point conclusively, and subsequent experience has confirmed his observations. Dr. R. B. Kimball, attending physician to the summer branch of the Babies' Hospital, is soon to publish a large number of cases treated in the summer of 1893, also confirmatory of this point.

3. In acute diseases where, for any reason, children refuse all food, or struggle violently against everything that is offered them. In very many cases of severe illness in children from 2 to 5 years of age, the point is reached, after four or five days have passed, when the child absolutely refuses to take anything, and nothing is got down excepting by holding the nose. This is one of the most promising fields for the application of gavage. In very severe cases of scarlet fever, diphtheria, broncho-pneumonia, typhoid, and empyema just this necessity is felt.

4. In serious brain disease where the patient cannot be fed by ordinary means. This may occur in tubercular meningitis, chronic meningitis, and in many other diseases

where delirium or coma is a symptom. Life is not only prolonged, but existence made more tolerable, and the patient is much more easily cared for by the attendants.

Ambulatory Dressings in Fractures.

Therapeutic Gazette.

Bardeleben (*Medical Press and Circular*, May 23, 1894,) reported to the German Medical Congress one hundred and sixteen fractures of the lower extremities successfully treated with walking dressing or splints. Eighty-nine were of the leg, twelve compound; twenty-two of the thigh, five compound. The patient was able to get out of bed and go about on his broken limb in a few days. He could devote himself to his business and his family, and was saved the muscular atrophy of decubitus. His appetite, digestion, and sleep were those of a healthy individual. The ambulant treatment is of special importance in the case of the aged and of drinkers. The fractured bones heal more rapidly than if kept at rest. In fracture of the thigh the chief support must be the tuber ischii, in the lower leg the condyles of the tibia. Great care is required. If there is marked swelling, it is better to wait three or four days; but when the dressings were applied earlier, no harm resulted. If much swelling is present, however, the dressings generally have to be reapplied. A gelatin plaster of paris bandage was used, with iron bands to give the required firmness. A morphine injection is desirable before applying the dressing, but no anæsthetic. The first attempts at walking should be made with a go-cart, on the principle of that used in teaching a child to walk. All the cases began to walk the day after the leg was put up, and they persevered until they could walk with crutch and stick, and later on with a stick only. A single putting up is generally sufficient.

A CASE of tuberculosis of the face, a result of infection from shaving, has been reported.

Oxalic Acid.

The following communication was received from Dr. Joseph Haigh:

WETMORE, KAS., July 19, 1894.

Editor Kansas Medical Journal—DEAR SIR: In looking over Shoemaker's Therapeutics the other day imagine my surprise to find these words: "Oxalic acid is not used in medicine." Now, Dr. Marsh, of New York, in March number of the *Therapeutic Gazette*, 1891, gives this formula, viz:

℞ Acid oxalic, grs. xvj.
Syr. aurantii cortex, ℥j.
Aqua dist. q. s. to make ℥jv.
Sig. Teaspoonful every four hours.

He says: "Where there is painful micturition with desire to urinate every few minutes, and only a few drops at a time; that it is a sovereign remedy where pichi and all the other agents usually used have failed." I have often tried this remedy since reading the above and have found it to be as claimed by Dr. Marsh—a splendid agent, and almost always giving me satisfaction in these cases, unless caused by a calculus. It seems, too, Dr. Marsh used it successfully for amenorrhœa. It seems strange this work on therapeutics ignores this agent. Yours,

JOSEPH HAIGH, M.D.

Potter mentions oxalic acid as an emmenogogue and the U. S. Dispensatory says: "It has not been used in practical medicine, but has been recently strongly recommended by F. Poulet and by J. W. Marsh in amenorrhœa." We hope we may hear something more from Dr. Haigh in regard to his experience with the drug.

Where Consumption Is Unknown.

The Sanitary Inspector.

There are places on this earth where that terrible scourge, consumption, is unknown. Lieut. Peary's expedition found such a spot in the Arctic regions. Dr. Frederick A.

Cook, the surgeon who accompanied the party, gave an informal talk a little while ago to the Brooklyn physicians, and told some interesting things. In South Greenland, he said, the Eskimos have trouble enough from various diseases—indeed, the Danish doctor at Godthaab says he thinks two-thirds of the South Greenland people have tuberculosis in one form or another. But in the Arctic Highlands, where Peary wintered, the Eskimos have not a single case of tuberculosis, and about the only diseases of any consequence among them are rheumatic complaints. Why this difference? Apparently simply because certain disease germs, which worse than decimate civilized communities, have been introduced into South Greenland, but have not yet reached those more northerly regions, and the rigor of the climate cannot alone originate these specific maladies.

"Thinly scattered along the northwestern shore of Greenland is a small tribe of Eskimos who are known as the Arctic Highlanders. These people are isolated, so much so that never within the knowledge of the oldest of those living have they had any regular communication with either the civilized or uncivilized world; they are hemmed in by gigantic walls of ice. They are not able to penetrate farther north because of the great Humboldt glacier, which is nearly fifty miles in width; they are not able to cross the waters of Baffin's bay in their frail skin boats, called kyasks; they are not able to penetrate farther south because of the almost continuous line of glaciers at the head of Melville Bay, which is, as you know, still unexplored. They will not go into the interior because they claim that the interior of Greenland is infested with mammoth animals, gigantic men, and all sorts of superstitious spirits, and they claim that the spirits of their departed friends also inhabit the interior of Greenland. These people are the most northern people on the globe. I do not believe that any people will be found further north, although the region from the eighty-second parallel to the pole remains unexplored; but in that region, along the northern border of Greenland, there have been found no remains of human habitation. The temperature of the atmosphere which surrounds this region of Greenland for about nine months of the year is below the freezing point, and for about six months of the year it would range from 20° to 50° below zero; however, there are two or three months in summer when the temperature ts fairly mild at the sea level; in the interior it snows more or less continually, and from week to week and month to month the air is full of snow.

Specialism.

Incidental to the evolutionary principles which established the specialties exists also the inexorable law of "the survival of the the fittest." And we now seem to be fast approaching the point where this law is beginning to take effect. In some instances the demarcation lines are more strongly outlined than ever before; in others they are fading away, and their devotees are like passengers on a craft which is slowly subsiding into the waters, leaving them no foundation to stand upon. As an instance of this we may cite neurology. The neurologist has been altogether too good a teacher. As a result, almost every general practitioner to-day treats his own cases of sciatica or of locomoter ataxia and allied diseases, leaving to the neurologist practically mainly localization of brain and other nerve lesions, and the diagnosis and treatment of insanity.—*Post-Graduate.*

Acknowledging that the general practitioner is competent and does treat all of his own cases of sciatica and of locomoter ataxia and allied diseases, what about the vast field of obscure nervous lesions, unrecognized by the general practitioner? Neurologists, like other specialists, gain rather than lose by the increased knowledge of the general practitioner in these particular classes of disease. Many serious nervous lesions which have been unrecognized by the general practitioners and have been

persistently treated without results, with better information and a more accurate conception of this special pathology, would have been referred to the neurologist. The province of the specialist is more particularly in those cases which the general practitioner, either from lack of time for investigation or from lack of experience, is not prepared to manage. Specialism has rather broadened the field of medicine than narrowed it. Devotion to particular lines of study has added much of vast importance to the science that otherwise might not have been known. The field of the specialist finds its own limits, and this is not more readily recognized by the profession than by the laity.

Tincture of Ferric Chloride in Typhoid Fever.

Dr. W. F. McNutt in Internat. Med. Mag., 1894, iii, p. 335.

The author is opposed to the liberal use of antipyretics in typhoid fever. He has, during the last twenty-five years, tried all the socalled gastro-intestinal remedies, but for the past four years he has employed in nearly every case tincture of ferric chloride, 10-20 drops every 2–4 hours, in glycerine and water. The administration was begun as soon as the affection was positively recognized, and the remedy proved to be more reliable than all other gastro-intestinal remedies. It exerts. it is stated, a beneficial influence upon the mucous membrane by its astringent and tonic properties, and limits hyperæmia and consequent exudations and tendency to ulceration and to hæmorrhage; while, as a blood food, it prevents waste of tissue.

The author often added with benefit 1. 100-1.50 grain (0.6-1.2 mg.) of mercury bichloride to each dose; or, when the gastric symptoms were prominent, 1-2 drops of solution of arsenous acid; or even both.

Other physicians who employed the above treatment during an epidemic of typhoid which visited Oakland, Cal., last summer, also obtained highly satisfactory results, it is reported.

Sodium Nitrite as a Therapeutic Agent.

Medical Chronicle.

After a brief notice of the physiological action of the various nitrites (including nitro-glycerine), Dr. Sharp (*Practitioner*, May, 1894) details his reasons for employing sodium nitrite in preference to the nitrites of ethyl or amyl, or nitro-glycerine.

He gives this salt in 1 to 4-grain doses, usually combined as follows: Aromatic spirits of ammonia, 15 minims; tincture of capsicum, 1 or 2 minims; solution of hydrochlorate of morphine, 5 minims; chloroform water to half a fluid ounce. Large doses of the nitrite he discountenances. Even in the above-mentioned doses disagreeable symptoms — nausea, vomiting, syncope, headache—result in something like 20 per cent. of cases treated.

In angina pectoris, especially in the so-called syncopal form, Dr. Sharp obtained benefit, usually lasting several months, in all the cases (six) in which he employed this salt. He recommends small doses of the nitrite to be given every three or four hours, "to keep the vessels in a slight state of relaxation." In order to do this the drug should be given at least every three hours, as its action rarely extends beyond this time. From a clinical standpoint Dr. Sharp doubts the stimulating action of sodium nitrite on the heart muscles, but he apparently believes that it has some curative effect upon atheromatous vessels. Moreover, in some cases he believes that the nitrite may be useful in diagnosis, and in this connection he gives a most instructive case.

Irregular Heart Action.—This condition was relieved in all the four cases in which the nitrite was administered. In two cases —one of chronic digitalis poisoning, the other associated with oxaluria—complete regularity resulted in twenty-four hours. In a case of Graves' disease, however, in which sodium nitrite was given, the pulse-rate increased from 140 to 150 per minute, the irregularity neither disappeared nor di-

minished, and the other symptoms were aggravated.

In subacute and chronic bronchitis and asthmatical attacks the writer has not found any benefit from the nitrite treatment. In one case in which the drug was pushed, anasarca of the legs developed, but Dr. Sharp leaves it an open question whether this resulted from the lowered arterial tension produced by the nitrite or not.

An Interesting Law Case.

Medical Press.

An action for damages has just been tried in one of the Paris courts which perhaps is unique of its kind. A gentleman suffering from anæmia of a very hopeless type was advised by his medical attendants to submit to the operation of transfusion; and having consented, his gardener volunteered to supply the blood. Consequently transfusion was performed, and to the great benefit of the patient, who recovered completely after a short time. However, some time afterward the gardener fell ill, and attributed his condition to the sacrifice he made for his employer. He accordingly brought an action against him for damages, claiming the large sum of 60,000 francs, or nearly two thousand five hundred pounds. The court ordered an independent medical examination of the case; but in the meantime the man died—that is to say, two years and three months after the operation. The autopsy proved that the gardener had succumbed to a carcinoma of the stomach, and the doctors gave their opinion that the malady was not affected by the transfusion. However, the widow continued the suit, and last week the court dismissed the case with costs against the plaintiff.

SOME good results have been obtained from the use of the thyroid treatment in cases of psoriasis. The reports are too meagre and indefinite for great confidence.

Eczema Infantilis.

Elizabeth Woods, M. D., (Toledo Med. Surg. Repir., 1894; p. 396).

Dr. Woods, for convenience, would divide the eczemata of infants under two years of age into two classes, viz: 1) Seborrhœic or moist eczema; and, 2) Dry eczema. In the production of eczema in infants there are four active ætiological causes: 1) Vices of alimentation and digestive troubles. 2) Dentition. 3) Meuro-arthritic heredity. 4) Parasiticism. In cases of seborrhœic eczema we find that the nurslings are most frequently suckled, but that their times of feeding are most irregular, and, therefore, such children are usually overfed. They are usually exempt from any digestive troubles, and are very rhachitic. They are well nourished and fat. Very commonly the mother or nurse partakes too freely of alcohol, coffee, pork and the like, thus imparting bad qualities to the milk, or the milk is too old or too rich. Cases of dry eczema are, on the contrary, most frequently bottlefed, and the food is either improperly prepared or of improper kind. They always have gastro-intestinal dyspepsia; their stools are never normal either in consistence or number. Vomiting is frequent, abdominal meteorism is constant, and the children are emaciated, pale, puffed up, cachectic, and often rhachitic.

Dentition is an aggravating cause, the eczema becoming worse with the appearance of the teeth. Neuro-arthritic heredity is a predisposing cause. Children of parents who suffer from migraine, hæmorrhoids, eczema, gout, asthma, and neuropathies are more prone than other children to eczema from overfeeding and dyspepsia. Parasiticism, especially the staphylococcus pyogenes aureus, is a complicating cause, producing purulent symptoms.

BOYER describes a case of glycosuria caused by a nasal obstruction. The glycosuria disappeared upon the relief of the nasal trouble.

Flies and Disease.

The American Journal of the Medical Sciences, January 1894.

Surgeon-General Sir William Moore (*Medical Magazine*, June, 1893) regards the dissemination of diseases by flies as a matter looked upon with too much indifference, and instances an epidemic of anthrax which was spread by flies which had covered the carcass of a dog thrown into a ditch in Cortal. He quotes the experiments of Sawtschenko with flies and cholera germs, and observes that it is worth noticing that in India it is during the time and season of the greatest prevalence of cholera that flies most abound. The possibility of flies carrying the organisms of typhoid and phthisis is suggested, and the belief is expressed that leprosy is often conveyed by flies which appear to be particularly fond of leprous sores and of investigating anything in the way of a sore on a healthy person.

There is no doubt that ophthalmia is so spread, and an instance is given of complete destruction of an eye from diphtherial inflammation following a sting in the eye by a fly which had apparently risen from a dunghill. That venereal disease is not more frequently disseminated by flies is probably explainable by the fact that the sores are usually on unexposed parts of the body.

Ergotin in Pulmonary Tuberculosis.

Dr. J. Crocq in Internat. Klin. Rundsch. 1894, viii, p. 747.

As is known, among the efficient means against hæmoptysis so often accompanying pulmonary tuberculosis, ergotin is prominent, administered either per os or subcutaneously; and the author, too, has convinced himself of its favorable effect. Under its influence he has observed hæmorrhages, which had persisted for a long time and frequently recurred, to cease immediately. The preparation used by the author is the aqueous extract of ergot known as Ergotin-Bonjean. He has often prescribed it in phthisical subjects, and sometimes continued its administration for a long time with the intention of preventing the return of hæmorrhages. He was surprised to notice other and not less favorable effects; expectoration and the sense of oppression decreased, and the patients' general condition improved.

This fact prompted the author to prescribe the remedy also in cases in which there was no hæmoptysis, and likewise obtained remarkable improvement and even a cure, particularly in cases not far advanced, accompanied with sensation of oppression, a copious, slimy expectoration, and a tendency toward congestive phenomena.

As a rule, ergotin is well tolerated by the digestive organs. It acts on the diseased lung by contracting the vessels, and thus diminishes the tendency to hæmorrhage. The author remarks that this remedy may be prescribed with others that are indicated, He applied it simultaneously with opium, morphine, lead acetate, bismuth subnitrate, antimony and potassium tartrate, sodium iodide and digitalis. He prescribes it in mixtures (0.5-4 gme. [7½-60 grn.] per day), or in pills (each containing 10-20 centigrammes [1½-3 grn.]—3-4 a day), or, finally, in subcutaneous injections (0.5-1 gme. [7½-15 grn.]).

Diagnosis of Osteomyelitis.

1. Inability to localize the bone pain.

2. Pain amounting to agony after any attempt to move the affected extremity.

3. A feeling as if the bone would fracture. —*Bauer.*

THE first successful case of cæsarean section in placenta prævia is reported by Bernay.

Gold Medal for Schering.

La Ressegna Medica (Bologna, June 15, 1894,) reports editorially that the exhibitor's gold medal has been awarded to the Chemische Fabrik Auf Aktien (Vorm. E. Schering), of Berlin, for its scientifically interesting and valuable display of Schering's chemicals at the International Medical Congress in Rome. Special mention is made in the award of the valued new remedies included in the display, and introduced by the Schering Laboratory, such as chloralamid, phenocoll, piperazin, etc. The editor, Dr. Dall Olio, expresses his special satisfaction at this award, and emphasizes the therapeutic successes which he has achieved with these medicinal agents, as rereported in the *Gazetta degli Ospitali*, *Rassegna Medica*, and other publications.

Notice.

A palatable preparation of iron that is at the same time readily soluble, easily assimilated, and that does not constipate, has been the desideratum of physicians for all time, and many compounds have been devised without being able to fill all of these requirements.

It is natural to suppose that any physician who keeps abreast with the times, and is interested in the advances made in pharmaceutical preparations, will eagerly avail himself of the opportunity to obtain samples of an iron preparation that possesses the above requisites besides being neutral in reaction, agreeable in odor, nonstyptic and non-poisonous even in large quantities. Hæmoferrum (Blood Iron) manufactured by Frederick Stearns & Co., Detroit, Mich., is the preparation above referred to, and the manufacturers will be pleased to mail a sufficient quantity for a thorough clinical test to any physician who is unacquainted with it, together with full literature and clinical reports.

Hæmoferrum is put up in pilloids (flat pills) and sold only in flasks of 100, and Messrs. F. Stearns & Co. will mail a full sized package, postage paid, to any physician who will remit ten cents to cover the expense of forwarding. Write them.

In Typhoid Fever.

Dr. Joseph D. Rush, reports favorably in *Virginia Medical Monthly*, two cases of typhoid fever, where the results were obtained from the exhibition of Antikamnia and Salol.

1st. Female, aet. 24, married. Fever at end of seventh day reached 105° F. Calomel, sodium and quinia having failed, then gave

℞ Antikamnia.
Salol.....aa. ℥ ss
M.—Make into twelve capsules.
Sig.—One every three hours.

This treatment maintained for twelve days, secured convalescence. Alcoholic baths to the spinal column once a day, the diet being boiled milk and tea.

2nd. Male, aet. 13. Tempt. 105°, same treatment, same result.

He concludes that salol is an internal antiseptic combined with the antipyretic qualities of antikamnia, promises all that can be desired in the treatment of low and continued fevers with bowel complications.

"Antikamnia and Salol Tablets" are put up in exactly the dosage as given above, each tablet containing 2½ gr. Antikamnia and 2½ gr. Salol, by The Autikamnia Chemical Co., St. Louis, Mo., which please specify.

KAW PHARMACAL CO.—SIRS: I have been prescribing your Guaiacoline in my practice. Professionally I am opposed to the too common practice of prescribing proprietary remedies or preparations, but witnessing personally its beneficial effects in many cases of la grippe, chronic cough, and bronchial troubles, I feel like cordially recommending it to the favorable notice of the profession.

Respectfully,
L. H. KEYS, M.D.,
Delphos, Kas.